

# HMO Illinois and BlueAdvantage HMO<sup>SM</sup>

## The HMOs of Blue Cross and Blue Shield of Illinois



BlueCross BlueShield  
of Illinois

# Q&A

## TRANSITION OF CARE

### What is Transition of Care?

As an HMO member of Blue Cross and Blue Shield of Illinois, you have the right to request transition of care services. These services can be requested when a physician you are currently obtaining services from leaves the HMO network, or when you are considering joining a Blue Cross HMO and your doctor is not in the network. To qualify for transition of care services, you must currently be undergoing a course of evaluation and/or medical treatment or be in the second or third trimester of pregnancy.

Transitional services may be authorized for a period of up to 90 days from the physician's termination date from the network or your original effective date (for new members). Authorization of services depends on the physician's agreement to comply with contractual requirements and submit a detailed treatment plan, including reimbursement from the HMO at specified rates, adherence to the HMO's quality assurance requirements and the HMO's policies and procedures. All care must be transitioned to your new HMO Primary Care Physician (PCP) in the Medical Group/Independent Practice Association (MG/IPA) after the transition period has expired. The selected MG/IPA is responsible for the care of a new member as of his or her effective date. Coverage will be provided only for benefits outlined in the member's *Certificate of Health Care Benefits*.

**Note:** Ongoing course of evaluation or medical treatment means the treatment of a condition or disease that requires repeated health care services pursuant to a plan of treatment by a physician because of the potential for changes in a therapeutic regimen.

### How do I request transitional services?

*If you are an existing member*, you must submit your request in writing within 30 days of receiving notice of the termination of the physician or MG/IPA.

*If you are a new member*, you must submit your request in writing within 15 days after your eligibility effective date. (Note: If you are submitting the transition of care form prior to your effective date, please include a copy of the signed application and/or confirmation of enrollment with the HMO.)

For information to include along with how to submit your request, see the form on the reverse side of this flier.

Within 15 business days of our receiving your transition of care request, you will receive written notification. The notification will inform you if your request has been approved or denied, and the reason for the denial. The letter will outline the services that have been approved and the time frames for the transition of care services.

### What if my request for transitional services is denied?

Your request for transitional services may be denied if the physician does not agree to the contractual requirements or if you do not meet the definition of ongoing course of evaluation or medical treatment. In these instances, you will need to coordinate all your care through a PCP from the HMO contracting provider network.

### Can I see my current physician for all my care?

You can continue to see your current physician only for approved services. All other care must be approved or coordinated through your new network PCP.

**See other side.**

Any Questions?

Visit [www.bcbsil.com](http://www.bcbsil.com) or

Call Member Services: Toll free (800) 892-2803

8:30 a.m. to 5 p.m. weekdays

TDD Toll free (866) 876-2194

**- STOP -**  
**YOU MUST BE ENROLLED BEFORE COMPLETING THIS FORM**

**HMO TRANSITION OF CARE FORM**

Patient Name: \_\_\_\_\_

Group/ID Number: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Chosen network Medical Group/Independent Practice Association: \_\_\_\_\_

Chosen network Primary Care Physician (PCP): \_\_\_\_\_

PCP's Address: \_\_\_\_\_

PCP's Phone #: \_\_\_\_\_ PCP's Fax #: \_\_\_\_\_

Clinical Diagnosis: \_\_\_\_\_

Presenting Clinical Condition: \_\_\_\_\_

Current Physician Name: \_\_\_\_\_

Current Physician MG/IPA: \_\_\_\_\_

Reason for Transition of Care Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you are a new member, what is the effective date of your HMO coverage? \_\_\_\_\_

**Attention**

**Existing HMO Member**

Transition of Care forms must be received by the HMOs of Blue Cross and Blue Shield of Illinois within 30 business days after receiving notification of the termination of your physician or MG/IPA.

**New HMO Member**

Transition of Care forms must be received by the HMOs of Blue Cross and Blue Shield of Illinois within 15 business days after your eligibility effective date. If you are submitting this form prior to your effective date, please include copy of signed enrollment form and/or confirmation of enrollment with the HMO.

**Transition of Care forms may be faxed to the Customer Assistance Unit at (312) 938-7859 or mailed to:**

HMOs of Blue Cross and Blue Shield of Illinois  
300 E. Randolph, 23rd Floor  
Chicago, IL 60601  
Attn: Transition of Care Area

**See other side for more information.**